

# **Preparing Your Manuscript for Submission to CJDH**

As outlined in the Guidelines for Authors, the journal welcomes manuscripts of the following types.

- 1. Original research articles: maximum 6000 words, 150 references, and an abstract within 250 words.
- 2. Literature reviews: between 3000 and 4000 words, no more than 150 references, and an abstract within 250 words.
- 3. **Short communications/Case reports:** maximum 2000 words, as many references as required, and an abstract within 150 words.
- 4. **Position papers:** maximum 4000 words, 100 references, and an abstract within 250 words. This category includes position papers developed by CDHA.
- 5. Letters to the editor: maximum 500 words, 5 references, and 3 authors. No abstract.
- 6. **Editorials:** by invitation only.

Each manuscript type contains many different elements. We are pleased to provide a detailed description of the required component for your reference.

#### TITLE PAGE

The title must provide a clear description of the content of the submission in 12 words or less. It should be followed by each author's name (first name, middle initial, and last name), academic degrees, and any institutional affiliation(s), as well as the corresponding author's name, address, and e-mail. All individuals listed as authors must meet the journal's authorship criteria as articulated in our *Ethics Policy*.

#### **ABSTRACT**

*Original research articles:* Background (including study question, problem being addressed and why); Methods (how the study was performed); Results (the primary statistical data); Discussion; and Conclusion (what the authors have derived from these results).

*Literature reviews:* Objective (including subject or procedure reviewed); Method (strategy for review including databases selected); Results and Discussion (findings from and analysis of the literature); and Conclusion (what the authors have derived from the analysis).

**Short communications/Case reports:** Introduction (to general condition or program); Description of case (case data); Discussion (of case grounded in literature); and Conclusion.

Position papers: Same format as for literature reviews.

Letters to the editor: no abstract.

#### **KEY WORDS**

Provide 6–10 key words or short phrases from the text for indexing purposes. Terms from the Medical Subject Headings (MeSH) list, maintained by the US National Library of Medicine, are preferred (<a href="www.nlm.nih.gov/mesh/meshhome.html">www.nlm.nih.gov/mesh/meshhome.html</a>).

## **TEXT**

Original research articles consist of original work arising from the exploration of research questions. Presentation of the study will vary based on the type of research being presented. <a href="Introduction:">Introduction:</a> a concise background and rationale for the study. It should include the purpose of the study and its relevance to practice and the profession. A brief review of key themes from current literature is included to provide the reader a context from which to understand the research question.

Methods: a clear description of the methodology including materials (stating manufacturer's name and location) if applicable. The study design must be clear and appropriate for the question addressed. <a href="Ethics approval">Ethics approval</a>: All studies involving human or animal subjects should include an explicit statement in the methods section identifying the review and ethics committee approval. Editors reserve the right to reject papers if there is doubt as to whether the study was conducted in accordance with the <a href="Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans">Ethical Conduct for Research Involving Humans</a> or the Declaration of Helsinki. <a href="Results: a logical sequence as befits the methods used">Results: a logical sequence as befits the methods used</a>. Tabular data should include relevant test statistics based on the statistical tests used. Discussion: an interpretation of findings in light of the previously published work in the area. It



should highlight the contribution of the study to dental hygiene practice as well as its limitations. <u>Conclusions</u>: drawn from the body of original work within the context of the literature in the area being studied. Areas of future research to support the further development of knowledge in the area may be highlighted.

Literature reviews provide a synthesis of published work in a particular area. They should be organized in a logical manner. Tables, illustrations, and photographs are encouraged. Objective: a concise background and rationale for the inquiry. It should include the purpose of the inquiry and its relevance to practice and the profession. Method: a clear description of search strategies used including the databases accessed and the key words selected for searches. Inclusion and exclusion criteria are also documented if applicable. Results and Discussion: findings from the literature reviewed, a comparison and contrast, and an account for possible differences within the findings. Conclusion: implications of the inquiry for practice and the profession. Conclusion must be supported by the literature analyzed. Systematic reviews are a specific type of literature review that identifies, investigates, and critically answers a focussed question or questions by reviewing the latest published evidence. Such evidence-based reviews synthesizing information will explain how the information contributes to a new understanding of the topic and present its implications for practice in the education, policy framing or delivery of optimal oral health care.

Short communications/Case reports are designed to shed light on decision making within the context of dental hygiene practice. The case being profiled should differ to some degree from what is considered a common practice problem. For example, it could involve a unique perspective or challenging diagnostic or treatment focus. It could also relate to a unique program or intervention and its outcomes. Authors must provide signed client consent for both identifying text and any images at the time of submission, without which the submission will not be considered. <a href="Introduction:">Introduction:</a> outline the presenting problem and provide a brief overview of the disease or condition, if a clinical case. If a community, population, health or education-based case, the background of the problem or issue should be described. How does the case benefit the reader? <a href="Case description:">Case description:</a> should provide demographics of the client(s) or population being studied with intervention(s), clinical or otherwise. If a team is involved in managing the client(s) or situation, the role of each health-care professional in the team should be outlined. Results of actions or interventions should follow. <a href="Discussion:">Discussion:</a> results or findings of the case with reference to the literature. What would typically be expected in this or similar situations? <a href="Conclusion(s):">Conclusion(s):</a> implications of the study for clinical practice, community care or educational practice. Conclusion must be supported by the case(s) presented.

**Position papers:** the organization supporting the position should be highlighted. Open structure with subheadings according to the topic discussed.

**Letters to the editor:** discussion or balanced opinions on topics raised in *CJDH* articles published in the previous two issues. Letters may be edited for clarity.

#### **ACKNOWLEDGEMENTS**

The Acknowledgements section will appear at the end of the article. Any administrative or financial support given by individuals, organizations, institutions or companies should be included here. Those identified must have granted written permission for you to cite their names as this may imply endorsement of the data and/or the conclusions.

# **CONFLICT OF INTEREST**

Authors must declare, in the interests of transparency, any competing interests (financial or professional) that may be perceived to influence the research conducted. This information will be published at the end of the article.

## REFERENCES AND CITATIONS

CJDH, like most biomedical and scientific journals, uses the Vancouver citation style for references, which was established by the International Committee of Medical Journal Editors in 1978. References should be numbered consecutively in the order in which they are first mentioned in the text. Use the previously assigned number for subsequent references to a citation (i.e., no "op cit" or "ibid"). Use superscript Arabic numerals to identify the reference within the text (e.g., or "brown more information on this style and the uniform requirements for manuscript preparation and submission, please visit



<u>www.nlm.nih.gov/bsd/uniform\_requirements.html</u>. Examples of how to format commonly cited research resources are found in the journal's *Guidelines for Authors*.

# **Other Elements**

**ABBREVIATIONS AND UNITS** must conform to the *Système international d'unités* (SI). SI symbols and symbols of chemical elements may be used without definition in the body of the paper. Abbreviations should be defined in parentheses after their first mention in the text, rather than in a list of abbreviations.

**ARTWORK** includes any illustrations, graphs, figures, photographs, and any other graphics that clearly support and enhance the text in their original file formats (source files). Acceptable file formats include .eps, .pdf, .tif, .jpg, .ai, .cdr in high resolution, suited for print reproduction:

- minimum of 300 dpi for grayscale or colour halftones
- 600 dpi for line art
- 1000 dpi minimum for bitmap (b/w) artwork
- colour artwork must be submitted in CMYK (not RGB) colour mode

The author(s) must provide proof of permission to reproduce previously published artwork and acknowledge the source (usually the publisher) in the caption. The editorial office reserves the right to reschedule publication of an accepted manuscript should there be delays in obtaining permissions or artwork of suitable print quality.

**DATA OR TABLES** may be submitted in Excel or Word formats. Each table should appear on a separate page (may be included at the end of the manuscript). Abbreviations should be explained and units of measure specified. Footnote symbols for tables are \*, †, ‡, §,  $\P$ , \*\*, etc.

#### SUPPLEMENTARY INFORMATION

Supplementary information is peer-reviewed material directly relevant to the conclusions of an article that cannot be included in the printed version owing to space or format constraints. It is posted on the journal's website and linked to the article when the article is published and may consist of additional text, figures, video, extensive tables or appendices. Sources of supplementary information should be acknowledged in the text, and permission for using them sent to the editorial office at the time of submission. All supplementary information should be in its final format because it will not be copy-edited and will appear online as originally submitted.

### **Additional Writing Resources**

Clinical research "how-to" articles, compiled by the Canadian Association of Medical Radiation Technologists.

www.jmirs.org/content/clinicalresearch

**Critical Appraisal Tools** 

http://www.caspinternational.org/?o=1012

Good reporting of research studies

http://www.equator-network.org/toolkits/authors/#auplan

Uniform requirements for manuscripts submitted to biomedical journals

www.icmje.org

Writing systematic reviews

www.medicine.ox.ac.uk/bandolier/painres/download/whatis/Syst-review.pdf www.prisma-statement.org

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